

CELEBRATING

10th
ANNIVERSARY



OFFICE OF MINORITY
HEALTH AND HEALTH
EQUITY CREATING A WORLD WHERE HEALTH
EQUITY IS A REALITY FOR ALL



Office of Minority Health and Health Equity Lecture Series

presents

ENDING THE HIV EPIDEMIC IN INDIAN COUNTRY

Free one-hour Webinar
Tuesday, November 17, 2020
from 2:00-3:00 PM ET

1 CE credit available for Physicians, Nurses,
Pharmacists, and Certified Health Education Specialists

In honor of Native American Heritage Month, the FDA Office of Minority Health and Health Equity will host a webinar featuring **Rick Haverkate, MPH**, National HIV/HCV Program Coordinator, Indian Health Service.



Register via Zoom

For questions, email us at healthequity@fda.hhs.gov

FDA

CONTINUING EDUCATION

- All attendees must sign in. These numbers are used to help determine future offering.
- Continuing education credit will be available for those who attend via Zoom Webinar. Entering your first and last name and email address is required.



WORKSHOP OBJECTIVES:

Session Learning Objectives

1. Recognize the health disparities associated with HIV/AIDS and describe the impact on Native Americans in Indian Country.
2. Demonstrate an understanding of the challenges and barriers to HIV/AIDS screening, care, and prevention among highly affected, underserved communities, such as Indian Country.
3. Identify and explain current federal initiatives (EHE and TasP) and strategies for reducing HIV/AIDS transmission rates throughout the U.S. and Indian Country.



All Faculty are expected to:

- Use generic names. If trade names are used, those of several companies should be used rather than only that of a single supporting company.
- Unapproved use disclosure: CE faculty (speakers) are required to disclose to the attendees when products or procedures being discussed are off-label/unlabeled (not FDA approved) and any limitations on the information that is presented.



DISCLOSURES

- Rick Haverkate, MPH, National HIV/HVC Program Coordinator, Indian Health Service, has nothing to disclose
- The faculty, planning committee, and FDA CE Consultation and Accreditation Team have nothing to disclose.
- Dinatale, Miriam, Team Leader, Food and Drug Administration - nothing to disclose
- Pfundt, Tiffany, PharmD, Pharmacist, FDA - nothing to disclose
- Shahidzadeh, Rokhsareh, MSN, Senior Regulatory Health Education Specialist, FDA - nothing to disclose
- Lisa Thompson, MSHA, MBA, CE Consultant, FDA/CDER/OEP/DLOD - nothing to disclose
- Zawalick, Karen, CE Team Leader, FDA/CDER/OEP/DLOD - nothing to disclose



REQUIREMENTS FOR CONTINUING EDUCATION

- Attend the activity, verified by Sign-in Sheet. Sign-in is required to document your attendance. Your name must be legible to receive credit. For multi-day activities, participants must sign in each day.
- Requirements for Receiving CE Credit
- Physicians, pharmacists, nurses, and those claiming non-physician CME: participants must attest to their attendance and complete the final activity evaluation via the CE Portal (ceportal.fda.gov). For multi-day activities, participants must attest to their attendance and complete the faculty evaluation each day.



REQUIREMENTS FOR CONTINUING EDUCATION

- Attention Pharmacists and Pharmacy Techs: Failure to provide your correct NABP AND Date of Birth information, in the required format, may result in the loss of credit for this activity. NABP profile number should be the 6-7 digit profile number assigned by the CPE Monitor and your birth date should be in the MMDD format (e.g. 0721) Do not provide your pharmacy license number. Please click the "My Account" tab and then navigate to "Edit Contact Information" to verify that your information is correct.
- Partial credit cannot be awarded, therefore you must attend the entire activity to receive CPE credit. That means every day/every session.
- Final activity evaluations must be completed within two weeks of the conclusion of the activity- no exceptions (December 1, 2020). Detailed instructions on how to claim credit will be sent out after the activity concludes. The claiming code for today's activity is: OHD2020RSS1



CONTINUING EDUCATION:

- Continuing education credit will be available for those who attend via Zoom Webinar. Entering your first and last name and email address is required.



Indian Health Service

Ending the HIV Epidemic in Indian Country

RICK HAVERKATE

NATIONAL HIV/HCV PROGRAM COORDINATOR

FDA NATIVE AMERICAN HERITAGE MONTH

NOVEMBER 2020





Introduction

Objectives of this presentation:

1. State the main goal of “Ending the HIV Epidemic in America” (The Plan);
2. List the four key strategies of The Plan; and
3. Describe “Treatment as Prevention” (or TasP)





HIV in Indian Country (1)

Current Statistics:

- CDC reports a 63% increase in HIV rates among gay and bisexual AI/AN men;
- The undiagnosed rate for AI/AN living with HIV ~ 18%;
- Roughly 53% of all AI/AN diagnosed with HIV were receiving continuous HIV care





HIV in Indian Country (2)

Current Statistics:

- AI/AN men who have sex with men accounted for 78% of all HIV cases among AI/AN in 2013
- AI/AN women show a rate of HIV diagnosis that is three times the rate of White women





Ending the HIV Epidemic

“

We have a once-in-a-generation opportunity to end the HIV epidemic in the United States. Now is the time.

”

In the State of the Union Address on February 5, 2019, the president announced his Administration’s goal to end the HIV epidemic in the United States within 10 years.





HIV in America

- 700,000 American lives have been lost to HIV since 1981
- 1 million currently living with HIV
- 40,000 newly diagnosed each year
- The U.S. government spends \$20 billion annually for HIV prevention and care
- Risk of an HIV resurgence





Goals of The Plan

GOAL:

75%
reduction in new
HIV infections
in 5 years
and at least
90%
reduction
in 10 years.





Right Data & Right Tools

Today we have the tools available to end the HIV epidemic. Landmark biomedical and scientific research advances have led to the development of many successful HIV treatment regimens, prevention strategies, and improved care for person living with HIV.





Right Leadership

- Centers for Disease Control and Prevention
- Health Resources and Services Administration
- Indian Health Service
- National Institutes of Health
- Office of the HHS Assistant Secretary for Health
- Substance Abuse and Mental Health Services Administration



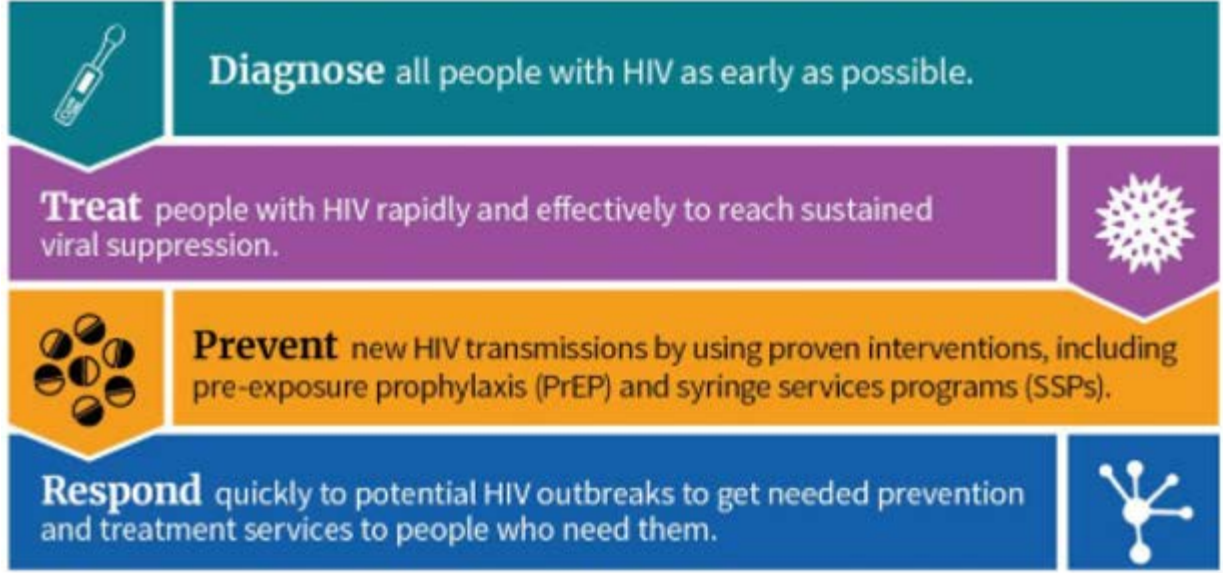


Geographic Focus





Key Strategies of the Plan





Ending the HIV Epidemic

GOAL:

75%
reduction in new
HIV infections
in 5 years
and at least
90%
reduction
in 10 years.

FOCUSED EFFORT

- 48 Counties, DC, and San Juan account for 50% of new infections
- 7 States with substantial rural HIV burden





Cherokee Nation HIV Pilot

Objectives:

1. Implement a public education campaign centering on HIV care and HIV prevention;
2. Educate providers on the need to have discussions about the sexual health of the patients;
3. Identify and link to care persons who currently access Cherokee Nation Health Services (CNHS) and are at high risk for contracting HIV; and
4. Establish a robust PrEP program within the CNHS.





Tribal Epi Center NOFO

- Only current TEC grantees are eligible to apply for the competing supplemental funding under this announcement
- Two levels of funding
 - Group A: TEC Projects not in Phase One Jurisdictions
 - Group B: TEC Projects in Phase One Jurisdictions
- Total funding is approximately \$2.4 million
- Published in the Federal Register on Aug 6, 2019
 - FR Document 2019-16760
 - FR Document 2019-16761





Listening to our Communities

IHS leadership will be conducting listening sessions throughout Indian Country.

The IHS National HIV Program is funding the National Indian Health Board and the National Council of Urban Indian Health to conduct HIV and HCV listening sessions.



Knowledge Check

PLEASE ANSWER THE THREE QUESTIONS IN THE ZOOM POLL ON YOUR SCREEN

Discussion

PLEASE TYPE YOUR QUESTIONS INTO THE CHAT BOX FEATURE

CE Credit Code

OHD2020RSS1

